

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	LEONARD K Baylis		COURT CASE NUMBER	06-11-SLR
DEFENDANT	CHRIS MALANEY et al		TYPE OF PROCESS	1983
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	CORRECTIONAL MEDICAL SYSTEMS, Supervisor			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	D.C.C. 1181 Paddock Rd. SMYRNA, De 19977			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
<input type="checkbox"/> LEONARD K Baylis 100231			Number of process to be served with this Form - 285	6
<input type="checkbox"/> 1181 Paddock Road			Number of parties to be served in this case	6
<input type="checkbox"/> SMYRNA, Delaware 19977			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Located within Delaware Correctional Center - Medical

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

10 APR 1 06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____	PK	4-26-06

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
7/17/06
Time
am
pm

Signature of U.S. Marshal or Deputy

GP

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

No longer employed by CMS
Ref. UnexecutedFILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE
JUL 18 AM 9:09